

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled IMPLEMENTATION OF POLICIES USING A THREE TIER ARCHITECTURE, the specification of which:

☒ is attached hereto.

☐ was filed on _ as Application Serial No. _ and was amended on _____.

☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/264,414	January 26, 2001	Pending

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John F. Hayden, Reg. No. 37,640

Kenneth F. Kozik, Reg. No. 36,572

Eric L. Pahl, Reg. No. 32,590

Denis G. Maloney, Reg. No. 29,670

David L. Feigenbaum, Reg. No. 30,378

Address all telephone calls to KENNETH F. KOZIK at telephone number (617) 542-5070.

Address all correspondence to KENNETH F. KOZIK at:

FISH & RICHARDSON P.C.

225 Franklin Street

Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

1005749-013501

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: SENTHIL PRABAKARAN

Inventor's Signature: _____ Date: _____
Residence Address: Norwood, MA
Citizenship: India
Post Office Address: 600 Lansdowne Way #108
Norwood, MA 02062

Full Name of Inventor: DANIEL KIM

Inventor's Signature: _____ Date: _____
Residence Address: Woodland Hills, CA
Citizenship: United States
Post Office Address: 6020 Crape Myrtle Court
Woodland Hills, CA 91367

Full Name of Inventor: KUL B. SHARMA

Inventor's Signature: _____ Date: _____
Residence Address: Lowell, MA
Citizenship: India
Post Office Address: 142 Bowden Street #204
Lowell, MA 01852

20378115.doc

20378115.doc